

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/571805 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	①		①				55						
6	①		1				56						
7	①		1				57						
8	①		1				58						
9	①		1				59						
10	①		1				60						
11	①		1				61						
12	/		/				62						
13	/		/				63						
14	/		/				64						
15	/		/				65						
16	①		①				66						
17	①		9				67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22	①		①				72						
23	①		①				73						
24	①		1				74						
25	①		1				75						
26	①		1				76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12		12										
TOTAL DEP.	14	←	14	←									
TOTAL CLAIMS	26		26										